



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P
TYPE OR PRINT CLEARLY

CITY _____, MA. DATE _____ PERMIT # _____
JOBSITE ADDRESS _____ OWNER'S NAME _____
OWNER ADDRESS: _____ TEL: _____ FAX: _____
OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL
NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

FIXTURES ↓	FLOORS →	Bsmt	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONN DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYSTEM																
DEDICATED GRAY WATER SYS																
DEDICATED WATER REUSE SYS																
DISHWASHER																
DRINKING FOUNTAIN																
FOOD WASTE GRINDER UNIT																
FLOOR / AREA DRAIN																
INTERCEPTOR INTERIOR																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO

If you have checked YES, please indicate the type of coverage by checking the appropriate box below.

LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

SIGNATURE OF OWNER OR AGENT CHECK ONE ONLY: OWNER AGENT

I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME: _____ LICENSE # _____ SIGNATURE _____
COMPANY NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ FAX: _____
TEL: _____ CELL: _____ EMAIL: _____
MASTER JOURNEYMAN CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

